Issue 1

Define the impact of an academic home on clinical and translational sciences

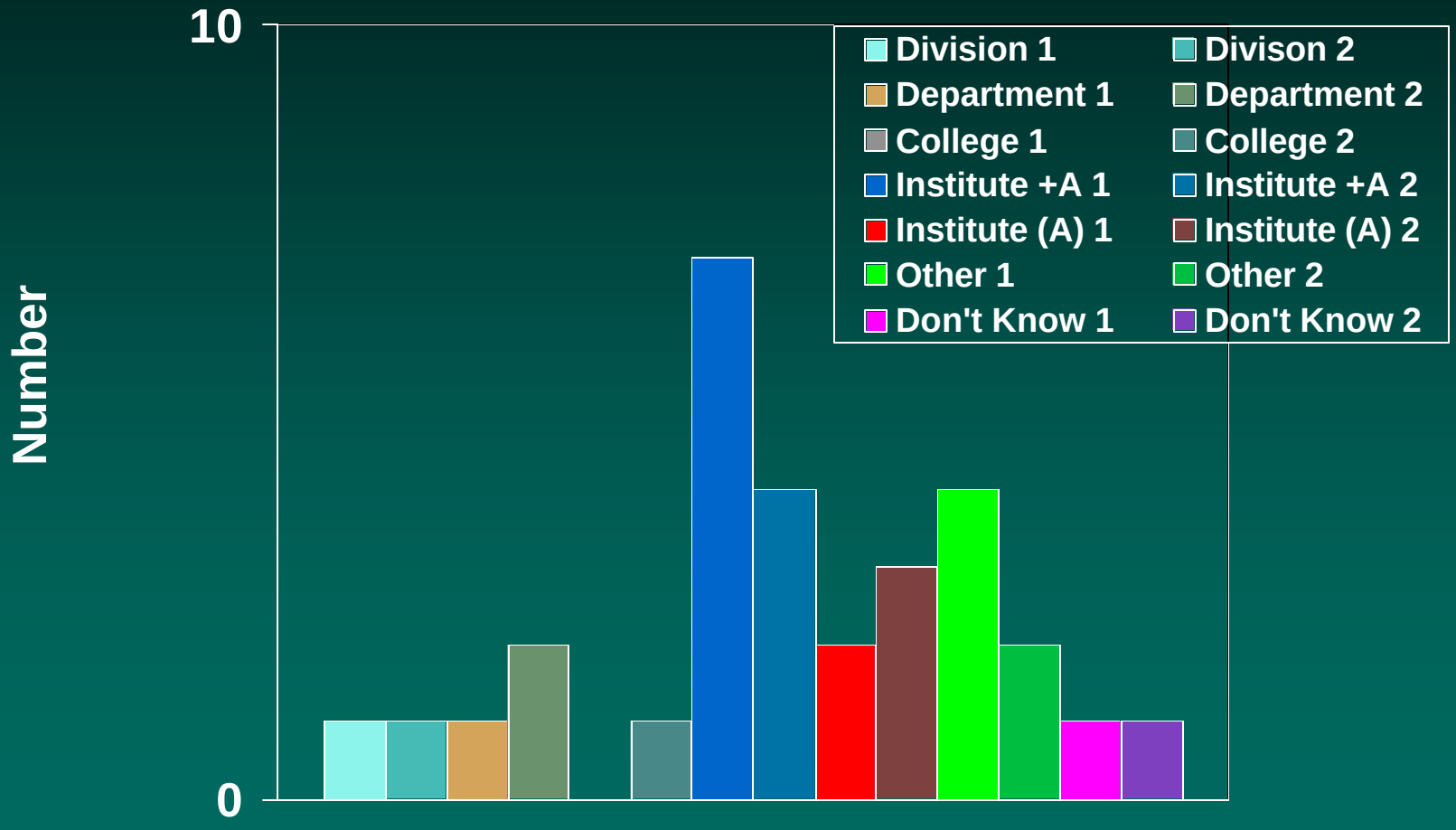
- Pros and Cons for CR Scholars at different stages of their careers
- Impact on Intra/Inter Institutional Collaboration
- Generational perspectives (Silent, Boomer, X, GenNet)

Academic (Intellectual) Home for Clinical and Translational Sciences as a New Academic Discipline

Issue 1 Executive Summary

Enable Clinical Education and Research Together
Combined Infrastructure
Multi-disciplinary
Resources needed to motivate change
Home of the Graduate Degree-Granting (programs)

Most Desirable Academic Home: Before & After discussion



Issue 2

What resources are required for effective CR education?

- Currently available
- Needed but not available

Resources

- Increase the funding
  - new T32s, K12s, K23s, K30s
- Centralize infrastructure for training/career development within institutions along the model of K12 with central role for GCRCs and integration with existing departments (e.g. public health) as well as basic science training

Resources (continued)

- Increase the pool of mentors by
  - Increasing duration of K24s
  - Adding late career mentor awards (“K25s”)
- Promote prolonged career development by
  - Reinstituting transition awards such as K29s (FIRST awards) or changing the pay line for new investigators
  - Restructuring K23s to resemble K12s with support for mentors, etc
  - Allow fellows to apply for K23s
  - Liberalize rules with respect to concurrent R01 effort
  - Implement career development awards consistently across institutes

Resources (continued)

- Target potential clinical researchers earlier so that tuition can be incorporated in medical school costs
- Allow time to assess outcomes of the existing programs

Issue 3

What is the optimal structure to support effective CR education?

- Review current structures' advantages and disadvantages – considering perspectives (e.g., advantages from faculty perspective)
- Consider Novel Structural Models

EXECUTIVE SUMMARY – STRUCTURE SOLUTIONS

Key Components

- Early ***and Ongoing*** Access
  - from undergrad …… senior faculty – bridges built in --
  - different entry points
- Promotion Policies that Respect, recognition CR contributions .. Security
- Scalable Training – from CRA … Nursing Pharmacy – other disciplines … community clinicians … MS/PHD in CR
- Scalable funding mechanisms – to allow smaller institutions to participate

Key Components for Success

- Career Development including:
  - Transition from CR training … to early grants… to independence
  - Protected time for Junior Faculty
  - Support and training for mentors
- Meaningful Institutional Commitment
  - Funds flow
  - Space
  - Positions

Key Components for Success

- Research resources – cores – including personnel (e.g., biostat/epi as well as lab cores, tissue cores, etc.)
- Truly interdisciplinary – MED- NURS-PHARM-DENT OTHER
- Interface with the Community
- Must be highly integrated within AHC
- Flexibility - Mechanism cannot be one size fits all – AHC must be able to choose from the wish list to create a program based on its strengths

Proposed Structure

- Of all the mechanisms we discussed a Matrix Structure – e.g., Center or Institute – strongly favored. Center must have
  - dedicated space
  - funding
  - positions
  - leader must be empowered to assign – similar to unique powers of CC leadership
  - strong buy-in/support from institutional leadership (i.e., Dean)
  - Will require a change in institutional culture

Issue 4

What are the elephants in our CR education living room from multiple perspectives?

- Issues not acknowledged
- Concerns and apprehensions
- New paradigms

Recommendations: CR Training Subgroup IV

- Define Clinical Research more appropriately
  - Hypothesis driven
  - Patient-involved
- Confront dominance of basic research
  - Funding percentage in light of zero sum environment
  - Academic

Recommendations: CR Training Subgroup IV

- Issues of Career Pathway and Ongoing Development
  - Re-engineer academic attribution/credit
  - Support at each stage of development
  - Early entry with tracking and mentorship
  - Acknowledge family context for trainees
    - Attention to women and other caregivers

Recommendations: CR Training Subgroup IV

- Leverage alternative stakeholders
  - Industry
    - Pharma
    - Biotech
    - Other
  - Philanthropy
- Conflict of interest and ethical issues

Recommendations: CR Training Subgroup IV

- Restructure NIH
  - Institute Silos
  - Increase funding of clinical research over the next decade
  - Study sections membership and review criteria
  - Benchmarks which will accurately reflect clinical research to the American Public

Recommendations: CR Training Subgroup IV

- Decrease regulatory burden while maintaining protection of human subjects